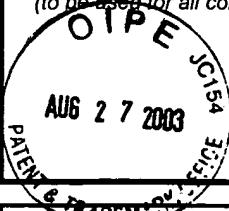


TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

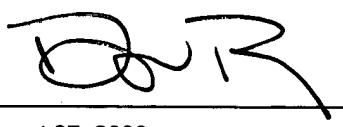


Application Number	09/964,408
Filing Date	September 28, 2001
First Named Inventor	SUMIYA
Group Art Unit	2878
Examiner Name	YAM, STEPHEN K
Attorney Docket Number	01-213

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Notice of Appeal Transmittal Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

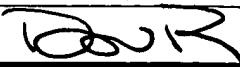
Firm or Individual name	David G. Posz Posz & Bethards, PLC
Signature	
Date	August 27, 2003

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FEES TRANSMITTAL for FY 2003		Complete if Known			
		Application Number		09/964,408	
		Filing Date		September 28, 2001	
		First Named Inventor		Kazuyoshi SUMIYA	
		Examiner Name		YAM, STEPHEN K	
		Group/Art Unit		2878	
TOTAL AMOUNT OF PAYMENT (\$)		01-213			

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)						
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES						
Deposit Account Number	50-1147			Large Entity	Small Entity	Fee Description	Fee Paid	
Deposit Account Name	POSZ & BETHARDS, PLC			Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
		<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17			1051	130	2051	65
2. <input checked="" type="checkbox"/> Payment Enclosed:		<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other			1052	50	2052	25
FEE CALCULATION								
1. BASIC FILING FEE								
Large Entity	Small Entity	Fee Description						
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid					
1001	750	2001	375	Utility filing fee				
1002	330	2002	165	Design filing fee				
1003	520	2003	260	Plant filing fee				
1004	750	2004	375	Reissue filing fee				
1005	160	2005	80	Provisional filing fee				
SUBTOTAL (1) (\$)				0				
2. EXTRA CLAIM FEES								
Total Claims	-20**=	0	x	18	=	0		
Independent Claims	- 3**=	0	x	84	=	0		
Multiple Dependent								
**or number previously paid, if greater; For Reissues, see below								
Large Entity	Small Entity	Fee Description						
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid					
1202	18	2202	9	Claims in excess of 20				
1201	84	2201	42	Independent claims in excess of 3				
1203	280	2203	140	Multiple dependent claim, if not paid				
1204	84	2204	42	**Reissue independent claims over original patent				
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)				0				
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)				
840								

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone (703) 707-9110
Signature				Date August 27, 2003

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